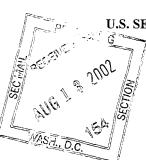
## FORM D



## U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Copy

## FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTIC

OMB APPROVAL

OMB NUMBER: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response . . 16.00

SEC USE ONLY

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Name of Offering ( check if this is an an	nendment and name has changed, and ind	icate change.)	/	
Trinity Fund, Ltd.		941	Y294	
Filing Under (Check box(es) that apply):  Type of Filing:  New Filing	Rule 504 Rule 505 Amendment	Rule 506 Section 4(6)	JLOE /	
	A. BASIC IDENT	IFICATION DATA		
1. Enter the information requested about th	e issuer			
Name of Issuer ( check if this is an amer	ndment and name has changed, and indica	te change.)		
Trinity Fund, Ltd.	•	•		
Address of Executive Offices		(Number and Street, City, State, Zip Code)	Telephone Number	
c/o Fortis Fund Services (Cayman) Limited, 802 West Bay Road, Grand Cayman, Caym		mercial Centre,	(Including Area Code) +1(345) 949-7942	
Address of Principal Business Operations		(Number and Street, City, State, Zip Code)	Telephone Number	
(if different from Executive Offices)			(Including Area Code)	
			( )	
Brief Description of Business				
Securities Investment				
Type of Business Organization		N		
corporation	limited partnership, already formed	other (please specify):		
business trust	limited partnership, to be formed	Company		
Actual or Estimated Date of Incorporation of	Month Year or Organization: [0 9] [9 6]	Actual F	Estimated PROCESS	
Jurisdiction of Incorporation or Organizatio	on: (Enter two-letter U.S. Postal Service ab CN for Canada; FN for other	2 22 2	PROCESS AUG 1 5 2002	
GENERAL INSTRUCTIONS	<del></del>		THOMSON	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Member Full Name (Last name first, if individual) Barit, Hugh Business or Residence Address (Number and Street, City, State, Zip Code) c/o P.R.P. Performa Limited, The Continental Building, 25 Church Street, 2nd Floor, Hamilton, Bermuda HM 12 Beneficial Owner Principal □ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Davis, W. Shaun Business or Residence Address (Number and Street, City, State, Zip Code) c/o Meridian Group, 73 Front Street, Hamilton, Bermuda HM 12 Beneficial Owner Principal Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Hunter, J. Dennis Business or Residence Address (Number and Street, City, State, Zip Code) c/o Queensgate Bank & Trust Company Ltd., P.O. Box 30464, Harbour Place, South Church Street, George Town, Grand Cayman, Cayman Islands, BWI Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. IN	VFORMA	ATION .	ABOUT	OFFER	ING			·	
1.	Has the is	ssuer sold,	or does the	issuer inte	nd to sell, t	o non-accre	dited invest	ors in this	offering?					Yes No
					Answer	also in App	pendix, Col	umn 2, if fi	ling under	ULOE.				
2.	What is t	he minimu	ım investme	ent that will	be accepte	d from any	individual?			•••••				*\$250,000
	*Minimu	m may be	waived by	Directors in	n their disci	etion.								W M
3.	Yes No  Does the offering permit joint ownership of a single unit?													
4.	solicitation dealer reg persons o	on of purch gistered with a b	hasers in co th the SEC roker or dea	nnection w and/or witl	ith sales of a state or	securities in states, list t	n the offering the name of	ng. If a per the broker	son to be lis or dealer. I	sted is an as f more than	ssociated pe	erson or age	nilar remune ent of a brok listed are as	er or
Full Name	e (Last nan	ne Hrst, H	individual)											
Business	or Residen	ce Addres	s (Number a	and Street,	City, State,	Zip Code)				***				
Name of	Associated	Broker or	Dealer											
States in '	Which Pers	son Listed	Has Solicit	ed or Intend	ds to Solici	t Purchasers			<del>-</del>					
(Check '	'All States'	" or check	individual (	States)				************		***********	*************		*****	All States
`	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nam			individual)		[]			(,,,,	[]	<u> </u>	[ [ [ ] ]	[ • J	[]	
	<del></del>				<del></del>								<u>-</u>	
Business	or Residen	ce Addres	s (Number :	and Street,	City, State,	Zip Code)								
Name of	Associated	Broker or	Dealer									<del></del>		
States in	Which Pers	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	3							
(Check '	'All States	" or check	individual :	States)										All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nam	e (Last nar	ne first, if	individual)						_			-		
Business	or Residen	ce Addres	s (Number	and Street,	City, State,	Zip Code)								
Name of	Associated	Broker or	Dealer			~~~			***					
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser:	<u> </u>		-					
(Check	'All States	" or check	individual	States)										All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	<u> </u>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	¥	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Common Shares*	\$500,000,000	\$ 90,098,000
	Total*	\$ <u>500,000,000</u>	\$ <u>90,098,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$ 90,098,000
	Non-accredited Investors	N/A	\$ N/A
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering Rule 505	Security	Sold \$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<b>4</b>
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs		\$ 0
	Legal Fees		\$ 30,000
	Accounting Fees		\$ 0
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ 0
	Other Expenses (identify) <u>Miscellaneous</u> (blue, sky fees, duplicating, courier, etc.)		\$ 10,000
	Total		\$ 40,000
*This	is a continuous offering. Therefore, the aggregate offering price could be greater than or less the	nan this amount.	

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
5.	b. Enter the difference between the aggregate Question 1 and total expenses furnished in resist the "adjusted gross proceeds to the issuer.". Indicate below the amount of the adjusted gross	offering price given in response to Part C - ponse to Part C - Question 4.a. This difference		*\$ <u>499,960,000</u>
	an estimate and check the box to the left of the			
			Payments to	
			Officers, Directors, & Affiliates	Payments To Others
			□ \$	□ \$
			□ \$ <u></u>	□ \$
		machinery and equipment	□ \$	□ \$
	• •	facilities	□ \$	□ \$
	Acquisition of other businesses (including the			
	that may be used in exchange for the assets or merger)	securities of another issuer pursuant to a	□\$	□ \$
	<del>-</del> /		 □\$	□\$
	Working capital		□ \$	□ \$
	Other (specify): to be used as described in Issu Memorandum	uer's Confidential Private Placement	<u> </u>	\$
			□ \$	<b>∑</b> \$499,960,000
			<b>\$</b>	<b>∑</b> \$499,960,000
	Total Payments Listed (column totals added)		⊠ \$ <u>49</u>	99,960,000
		D. FEDERAL SIGNATURE		
follov	suer has duly caused this notice to be signed by ring signature constitutes an undertaking by the st of its staff, the information furnished by the issu	e issuer to furnish to the U.S. Securities and I	Exchange Commi	ssion, upon written
Issuer (	Print or Type)	Signature	Date	11
Trinit	y Fund, Ltd.	1.0.4	8	18/0
	f Signer (Print or Type)	Title of Signer (Print or Type)		1
J. Dei	nis Hunter	Director		

\* See asterisked comment on p.4.

ATTENTION

Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)